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CONFIRMATION NO. 7824

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|---|---|-------------------------------|---|--|
| SERIAL NUMBER 10/542,983 | FILING OR 371(c) DATE 07/21/2005 RULE | CLASS 424 | GROUP ART UNIT 1618 | ATTORNEY DOCKET NO. AML/13131.19 |
| APPLICANTS Horst G. Zerbe, Hudson, QC, CANADA; Pompilia Szabo, Greenfield Park, QC, CANADA; ** CONTINUING DATA ***** This application is a 371 of PCT/CA04/00073 01/21/2004 which claims benefit of 60/441,156 01/21/2003 ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/22/2006 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY QC | SHEETS DRAWING 0 | TOTAL CLAIMS 20 |
| | | | | INDEPENDENT CLAIMS 1 |
| ADDRESS 61114 AIR MAIL | | | | |
| TITLE Oral dosage formulation | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |